

# Site-based Online Claims Manual

How to enter, modify, view-print claims for  
the National School Lunch Program, School Breakfast Programs,  
and the Afterschool Snack Programs.

For 2017-18 School Year

Revised July 2017

Wisconsin Department of Public Instruction  
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## About Submitting Monthly Child Nutrition Claims

- All claims must be submitted electronically by accessing DPI Wisconsin [Child Nutrition Program Online Services](#).
- Print a hard copy of all submitted claims for your records. Retain for three years plus the current year.
- A separate claim must be submitted for every month, even if the month consists of only one day of meal service to students.
- Processing of submitted claims occurs each Tuesday morning, unless that day is a holiday, in which case the processing would happen the following day. Payment processing does not occur the last two weeks of June and the last two weeks of December so that DPI's Business Office can do fiscal-and year-end closeouts.
- You may only submit one claim for each Child Nutrition Program per processing period.
- All schools will receive their reimbursement payment via electronic deposit through [AIDS Banking](#).

### Deadlines

You have 60 days from the last day of the claiming month to submit claims. Below is the calendar of claim submitting deadlines.

Claiming Month	Last Day for Submitting in Online Services or Receipt/Postmark at DPI
January	April 1 (March 31 on leap years)
February	April 29
March	May 30
April	June 29
May	July 30
June	August 29
July	September 29
August	October 30
September	November 29
October	December 30
November	January 29
December	March 1 (February 29 on leap years)

### Late Claims

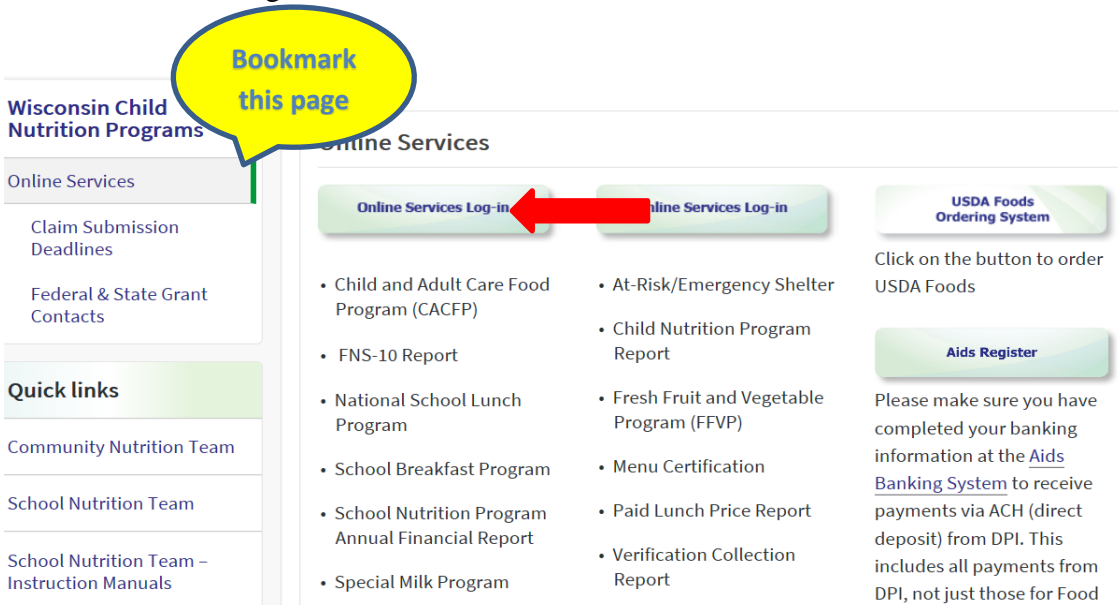
USDA requires the DPI to deny claims submitted more than 60 days after the end of the claiming month, but DPI is allowed to approve one exception per 36-month (three-year) period to the 60-day claim submission deadline per program (NSL, SB, etc.). A paper claim will need to be submitted.

## Entering the Wisconsin Child Nutrition Programs Online Services

1. Go to the Wisconsin Department of Public Instruction (DPI) Child Nutrition Programs webpage [dpi.wi.gov/nutrition](http://dpi.wi.gov/nutrition). Click on *Online Services* on the left navigation bar, which will bring you to the Online Services webpage.



2. On the Online Services page [dpi.wi.gov/nutrition/online-services](http://dpi.wi.gov/nutrition/online-services), there are different entry portals to access the online system. Click on *Online Services Log-in* button on the left column for submitting claims.



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3. Here you will log in using your agency code and password. **Do not bookmark this webpage.** If you wish to bookmark, please go back to Step 2 and bookmark that page.

The screenshot shows the login interface for the Wisconsin Department of Public Instruction's Child Nutrition Programs. At the top is the DPI logo and the text "WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION". Below this is a welcome message: "Welcome to Wisconsin Child Nutrition Programs On-line Services". A list of programs is provided: "Submit Claims for Home Sponsor, National School Lunch Program, School Breakfast Program, Summer Food Program, Child and Adult Care Food Program, Special Milk Program & Revise Programs Contracts Informations." The login section features a graphic of a milk carton and an apple with the text "Community and School Nutrition PROGRAMS Wisconsin DPI". To the right of the graphic are input fields for "Agency Code" and "Password", a "LOG IN" button with a circular arrow icon, and "Submit" and "Reset" buttons.

4. Enter your **agency code**. This is your six-digit agency code/number.  
a) Do not use hyphens. Use only the numerals in the agency code.  
b) Do not enter leading zeroes: For example, if your agency code is "012345", only enter "12345".
5. Type in your agency-specific **password**. To retrieve a forgotten password, please contact the Federal and State Grants Program at DPI at 608-267-9134.
6. Click the *Submit* button. ( The *Reset* button will clear all data entered in fields so it may be re-entered.) You are now logged in to Child Nutrition Online Services.

On this screen, the yellow menu bar has the following menu options:



Home-Day Care: For home day care providers only.

**School Nutrition Program: For school agencies participating in School Nutrition Programs.**

Community Nutrition Program: For agencies participating in the Child and Adult Care Food Program (CACFP).

Summer Food Program: For agencies participating in the Summer Food Service Program (SFSP).

Special Milk Program: For agencies (school or non-school) participating in the Special Milk Program.

Other Services: This button links to the DUNS number entry page for agencies new to the DPI Child Nutrition Programs.

Log Out: This is where you can click, at any page on the website, to log out of your account. Be sure to click Logout every time you exit the online claiming portal.

## National School Lunch Program (NSLP)

1. Once you have logged into Online Services, select *School Nutrition Program* from the menu bar.



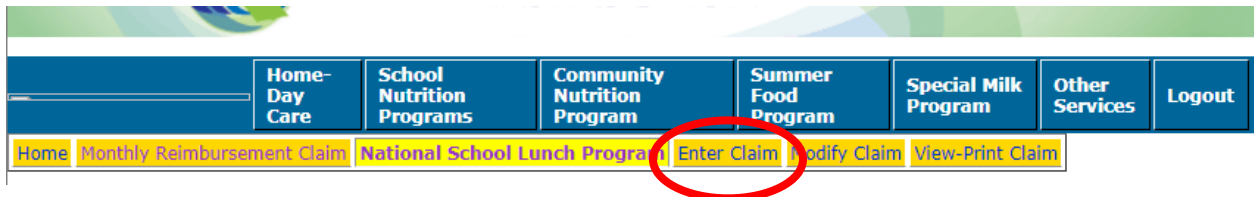
2. Select *Monthly Reimbursement Claim*



3. Select *National School Lunch Program*



4. Select *Enter Claim* to enter a new claim for reimbursement.



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5. Select the month for which you are **claiming** and the **correct year** from the drop-down box. Then click on “**Template File**.”


**National School Lunch Program (NSLP)  
Upload Site(s) Claim Information**

Date Claim Month April Year 2017

**[Upload Site(s) Claim Information]**

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File : Browse...

 **UPLOAD**

Please download the **Template File** to enter claim data and upload above.

6. An excel spreadsheet will appear with all sites in your agency listed by school code. (School codes may be found on Schedule A of your SFA’s on-line contract.)

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	NSL	04/01/2017	0	0	0	0	0	0	0	0	0
540735	40	NSL	04/01/2017	0	0	0	0	0	0	0	0	0
540735	210	NSL	04/01/2017	0	0	0	0	0	0	0	0	0

7. **Student Approved Free** - Enter the highest number of students who are **approved for free** meals during the claiming month at each site, based on approved free and reduced price applications on file and/or through direct certification.

For CEP sites, **Student Approved Free** is calculated by multiplying the site’s free claiming percentage by the site’s enrollment. **In this example, school code 20 and 210 are CEP sites.**

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	NSL	04/01/2017	84	0	20	100	95	0	0	0	550
540735	40	NSL	04/01/2017	20	10	20	100	90	350	100	500	0
540735	210	NSL	04/01/2017	74	0	20	100	85	0	0	0	500

8. **Student Approved Reduced** - Enter the highest daily number of students who are **approved for reduced** price meals for each site during the claiming month, based on approved applications on file. *Since sites 20 and 210 are CEP sites, site 40 is the only site which has reduced eligible students.*

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	NSL	04/01/2017	84	0	20	100	95	0	0	0	550
540735	40	NSL	04/01/2017	20	10	20	100	90	350	100	500	0
540735	210	NSL	04/01/2017	74	0	20	100	85	0	0	0	500



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9. **Days Operating** - Enter the number of days the site served lunches during claiming month.  
(This number may be different for each site.)

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	NSL	04/01/2017	84	0	20	100	95	0	0	0	550
540735	40	NSL	04/01/2017	20	10	20	100	90	350	100	500	0
540735	210	NSL	04/01/2017	74	0	20	100	85	0	0	0	500

10. **Enrollment** - Enter number of enrolled students who had access to NSLP at each site during the claiming month. "Enrolled" children are those who have been formally approved to attend your school. Do not include half-day kindergarten and pre-kindergarten students if they do not have access to the lunch program. "Third Friday" enrollment can be reported, if monthly enrollment is not computed. The number of enrolled students can never be less than Average Daily Attendance.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	NSL	04/01/2017	84	0	20	100	95	0	0	0	550
540735	40	NSL	04/01/2017	20	10	20	100	90	350	100	500	0
540735	210	NSL	04/01/2017	74	0	20	100	85	0	0	0	500

11. **ADA (average daily attendance)** - Enter the ADA for each site. The ADA calculated for the month cannot exceed the reported enrollment. This figure is entered as a whole number, not a percent, and is the number of students attending school who have access to the lunch program, not the number of students eating a lunch (participation).

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	NSL	04/01/2017	84	0	20	100	95	0	0	0	550
540735	40	NSL	04/01/2017	20	10	20	100	90	350	100	500	0
540735	210	NSL	04/01/2017	74	0	20	100	85	0	0	0	500

12. **Free Student Meals** - Enter the number of lunches served to students approved for free meals at each **NON-CEP** site during the claiming month. *Since site 40 is the only non-CEP site, only the free meals served at that site are entered in this column.*

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	NSL	04/01/2017	84	0	20	100	95	0	0	0	550
540735	40	NSL	04/01/2017	20	10	20	100	90	350	100	500	0
540735	210	NSL	04/01/2017	74	0	20	100	85	0	0	0	500

13. **Reduced Price Student Meals** - Enter the number of lunches served to students approved for reduced price meals at the site during the claiming month. *Since site 40 is the only non-CEP site, only the reduced meals served at that site are entered in this column.*

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	NSL	04/01/2017	84	0	20	100	95	0	0	0	550
540735	40	NSL	04/01/2017	20	10	20	100	90	350	100	500	0
540735	210	NSL	04/01/2017	74	0	20	100	85	0	0	0	500



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14. **Paid Student Meals** - Enter the number of lunches served to paid students at each **NON-CEP** site during the claiming month. *Since site 40 is the only non-CEP site, only the paid meals served at that site are entered in this column.*

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	NSL	04/01/2017	84	0	20	100	95	0	0	0	550
540735	40	NSL	04/01/2017	20	10	20	100	90	350	100	500	0
540735	210	NSL	04/01/2017	74	0	20	100	85	0	0	0	500

15. **Total CEP Meals** – Enter the **total** number of lunches served to students at the CEP site. ***The Free and Paid claiming percentages approved within the agency's online contract will auto-calculate the number of free and paid lunches to claim.***

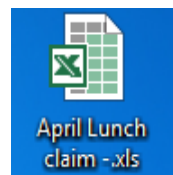
Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	NSL	04/01/2017	84	0	20	100	95	0	0	0	550
540735	40	NSL	04/01/2017	20	10	20	100	90	350	100	500	0
540735	210	NSL	04/01/2017	74	0	20	100	85	0	0	0	500

16. Delete the top row of headings.

Delete headings

540735	20	NSL	04/01/2017	84	0	20	100	95	0	0	0	550
540735	40	NSL	04/01/2017	20	10	20	100	90	350	100	500	0
540735	210	NSL	04/01/2017	74	0	20	100	85	0	0	0	500

17. “Save” the electronic excel file with deleted headings to your computer and label it with the claim type and month of claim. We strongly recommend you create and name a folder just for all your saved monthly claims.



18. Click on **BROWSE** and choose the file that you just saved to your computer. Click **UPLOAD** to upload the excel file into the online claiming portal.

**National School Lunch Program (NSLP)**  
**Upload Site(s) Claim Information**

Date Claim Month:  Year:

**[Upload Site(s) Claim Information]**

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information



Selected File : C:\Users\wollidk\Desktop\April NslClaimSiteUploadFile.>

Please download the [Template File](#) to enter claim data and upload above.

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19. Make sure all of your sites are listed on the claim and no error messages, then click **NEXT**.

National School Lunch Program (NSLP) Uploaded Site(s) Claim Information												
List of uploaded NSL Claim Site(s)												
Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Approved Site(s)
540735	20	NSL	04/01/2017	84	0	20	100	95	0	0	0	✓
540735	40	NSL	04/01/2017	20	10	20	100	90	350	100	500	✓
540735	210	NSL	04/01/2017	74	0	20	100	85	0	0	0	✓



20. This screen shows the total lunches that you are claiming by category for each site. In this example, **CEP sites 20 and 210 have auto-calculated the number of free and paid lunches to claim based on the site's free and paid claiming percentages, pulled from the agency's online contract, multiplied by the total CEP lunches served at that site. There should not be reduced lunches claimed for the CEP sites.** Make sure totals are correct and click **NEXT**.

School Code	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals (1)	Reduced Student Meals (2)	Paid Student Meals (3)	CEP Free % (4)	CEP Paid % (5)	Total CEP Meals (6)	Total Student Meals (1+2+3)
20	84	0	20	100	95	461	0	89	83.9	16.1	550	550
40	20	10	20	100	90	350	100	500	0.0	0.0	0	950
210	74	0	20	100	85	370	0	130	74.0	26.0	500	500








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21. This page will auto-populate. Check all information on the claim, enter CERTIFICATION information, and click **SUBMIT** to submit the claim.

National School Lunch Program (NSLP) [Participation Monthly Reimbursement Information]			
Claim Date:	2017-04-01	[YYYY-MM-DD] *Claim Cannot be more than 60 days old	
No. Students Approved For Free:	178	*Do NOT use commas while entering numbers.	
No. Students Approved Reduced-Price:	10		
No. of Schools/Sites Participating:	3	Of these sites, how many are CEP sites?	2 [Enter Zero, if N/A]
Total No. of Days Operating:	20		
Enrollment:	300		
Average Daily Attendance(ADA):	270		
Free Student Meals:	1181	Of this total, how many Free meals were served at CEP sites only?	831 [Enter Zero, if N/A]
Reduced Student Meals:	100		
Paid Student Meals:	719	Of this total, how many Paid meals were served at CEP sites only?	219 [Enter Zero, if N/A]
Total Student Meals:	2000		
[CERTIFICATION]			
<p><b>I HEREBY CERTIFY</b> to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.</p>			
First Name		Last Name	
Phone Number		Extension	
 <b>BACK</b>		 <b>Submit</b>	

### View-Print a NSLP Claim

1. Select *View-Print Claim* to view and/or print a claim. A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed.

      							
Home	Monthly Reimbursement Claim	National School Lunch Program	Enter Claim	Modify Claim	View-Print Claim		

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- Select date claim month and year from the drop-down list box and click “**SEARCH**” button. If a claim is found for the given criteria, it will appear in the box below the *Claim Type*. Click the hyperlink to view the full claim information.

Home
National School Lunch Program
View-Print Claim

**National School Lunch Program (NSLP)**  
**[View Participation Monthly Reimbursement Information]**

strict

Date Claim Month: April

Year: 2017

**SEARCH**

Claim Type	Date Submitted
New (Unpaid)	05/10/2017

- A list of all of the individual school site’s claiming information will appear at the bottom of the claim, so you can do a final check of the submitted information. Because this claim is “New (Unpaid)” which means it has not been processed for payment, it may be modified by the SFA.

**Date Claim: 04/01/2017**

Participation Information	Total # of Students/Meals <i>(Include CEP # )</i>	CEP Sites/Meals <i>(Out of Total # of Sites/Meals)</i>	Payment Information	Amount
No. Students Approved For Free:	178		<b>Total Meal Reimbursement</b> <small>(Include *PBR Payment shown below.)</small>	<b>\$4,383.66</b>
No. Students Approved Reduced-Price:	10		Commodity Charges Credited:	\$0.00
No. of Schools/Sites Participating:	3	2	Commodity Charges Recovered:	\$0.00
Total No. of Days Operating:	20		<b>Total Net Payment:</b>	<b>\$4,383.66</b>
Enrollment:	300		Voucher No.:	19773
Average Daily Attendance(ADA):	270		Date Submitted:	05/30/2017
Free Student Meals:	1,181	831	Date Processed:	
Reduced Student Meals:	100		Date Paid:	
Paid Student Meals:	719	219	<b>Claim Status</b>	<b>New (Unpaid)</b>
Total Student Meals:	2,000		PBR Payment:	\$120.00

\*PBR = Performance Based Reimbursement

**List of Verified NSL Claim Site(s)**

School Code	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	CEP Free % (4)	CEP Paid % (5)	Total CEP Meals
20	84	0	20	100	95	461	0	89	83.9	16.1	550
40	20	10	20	100	90	350	100	500	0.0	0.0	0
210	74	0	20	100	85	370	0	130	74.0	26.0	500

## Modifying a NSL Unprocessed Claim

1. Open the saved excel file on your computer that you want to modify and make the changes needed. “Save” the excel file again to your Monthly Claim folder.
2. In Online Services, select *Modify Claim* from the menu to modify an **unpaid and unprocessed** NSLP claim for reimbursement.


If your claim is in “Paid” status, the claim CANNOT be modified online. You must submit an “Amendment” via fax or email a scan of the changes to the attention of Jacqueline Jordee, fax 608-267-9207; email [Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov).



3. The unpaid submitted claim will appear. If you wish to modify the claim, check the box in the lower left-hand corner. If you check this box and click **NEXT**, the previously submitted claim will be removed from the system, and it will take you back to the claim site upload.

Claim Date:	<input type="text" value="2017-04-01"/>	[YYYY-MM-DD]
No. Students Approved For Free:	<input type="text" value="178"/>	*Do NOT use commas while entering numbers.
No. Students Approved Reduced-Price:	<input type="text" value="10"/>	
No. of Schools/Sites Participating:	<input type="text" value="3"/>	Of these sites, how many are CEP sites? <input type="text" value="2"/> [Enter Zero, if N/A]
Total No. of Days Operating:	<input type="text" value="20"/>	
Enrollment:	<input type="text" value="300"/>	
Average Daily Attendance(ADA):	<input type="text" value="270"/>	
Free Student Meals:	<input type="text" value="1181"/>	Of this total, how many Free meals were served at CEP sites only? <input type="text" value="831"/> [Enter Zero, if N/A]
Reduced Student Meals:	<input type="text" value="100"/>	
Paid Student Meals:	<input type="text" value="719"/>	Of this total, how many Paid meals were served at CEP sites only? <input type="text" value="219"/> [Enter Zero, if N/A]
Total Student Meals:	<input type="text" value="2000"/>	

☐ Check the box to confirm previously submitted claim modification. If you continue then previously submitted claim will be removed from the system. You must complete the site(s) upload and successfully submit the new modified claim to get reimbursement. If modified claim is left incomplete it will NOT go through payment process!

 NEXT

4. Upload the excel spreadsheet from your computer with the corrected numbers.


**National School Lunch Program (NSLP)**  
**Upload Site(s) Claim Information**

Date Claim Month:  Year:

**[Upload Site(s) Claim Information]**

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File :

 **UPLOAD**

## School Breakfast (SB) and SB Severe Need Claims

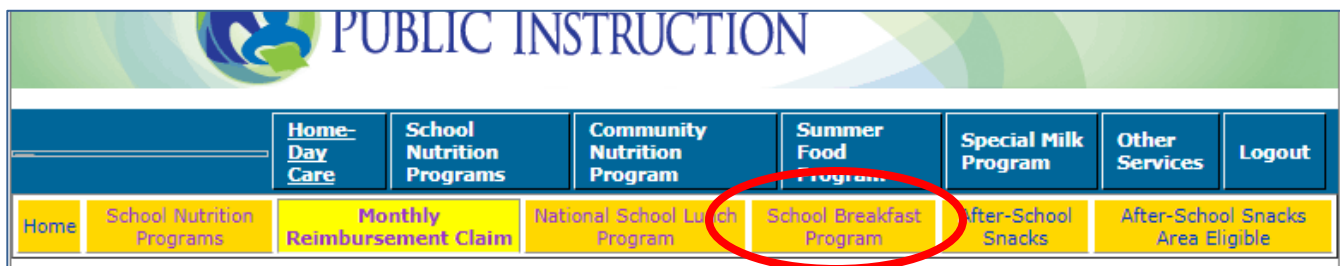
1. Log into Online Services, select *School Nutrition Program* from the menu bar.



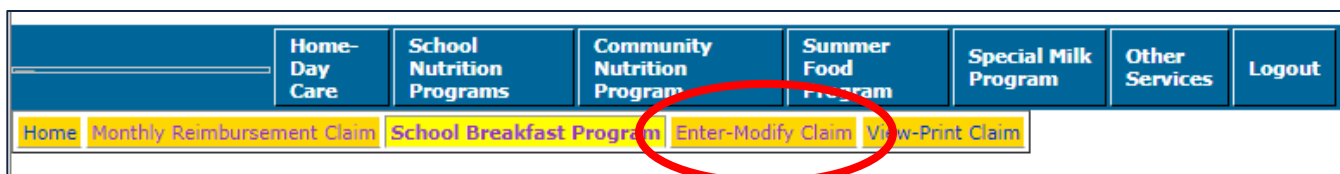
2. Select *Monthly Reimbursement Claim*.



4. Select *School Breakfast Program*.



5. Select *Enter-Modify Claim* to enter a new claim for reimbursement or modify the previous month's claim.

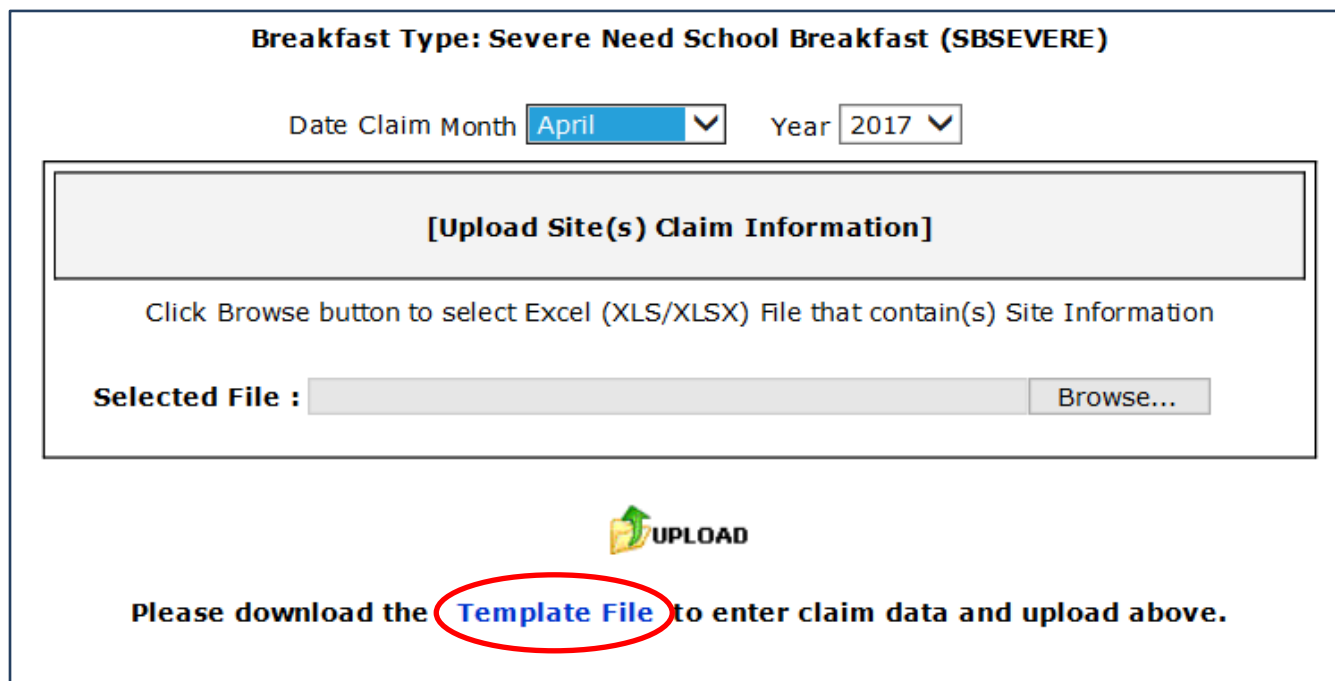




6. Select from the drop down box, which type of School Breakfast claim you would like to Enter-Modify, *Regular School Breakfast*, or *Severe Need School Breakfast*. ***If your SFA has schools that are in Regular School Breakfast and Severe Need School Breakfast, you will need to enter two claims, one for Regular School Breakfast and one for Severe Need Breakfast.***



7. Once you have selected the type of Breakfast Program for which you are claiming, you will be taken to the claim screen. Select the month for which you are **claiming** and the **correct year** from the drop-down box. Click on “**Template File**”.



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8. An excel spreadsheet will appear with all sites in your agency that serve severe need breakfast listed by school code. (School codes may be found on Schedule A of SFA's online contract.)

**Note: Average Daily Attendance (ADA) will be left at 0 since we do not collect ADA data for breakfast claims.**

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	SBSEVERE	04/01/2017	0	0	0	0	0	0	0	0	0
540735	40	SBSEVERE	04/01/2017	0	0	0	0	0	0	0	0	0
540735	210	SBSEVERE	04/01/2017	0	0	0	0	0	0	0	0	0

9. **Student Approved Free** - Enter the highest number of students who are **approved for free** meals during the claiming month at each site, based on approved free and reduced price applications on file and/or through direct certification.

For CEP sites, **Student Approved Free** is calculated by multiplying the site's free claiming percentage by the site's enrollment. **In this example, school code 20 and 210 are CEP sites.**

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	SBSEVERE	04/01/2017	84	0	20	100	0	0	0	0	550
540735	40	SBSEVERE	04/01/2017	20	10	20	100	0	350	100	500	0
540735	210	SBSEVERE	04/01/2017	74	0	20	100	0	0	0	0	500

10. **Student Approved Reduced** - Enter the highest daily number of students who are **approved for reduced** price meals for each site during the claiming month, based on approved applications on file. *Since sites 20 and 210 are CEP sites, site 40 is the only site which has reduced eligible students.*

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	SBSEVERE	04/01/2017	84	0	20	100	0	0	0	0	550
540735	40	SBSEVERE	04/01/2017	20	10	20	100	0	350	100	500	0
540735	210	SBSEVERE	04/01/2017	74	0	20	100	0	0	0	0	500

11. **Days Operating** - Enter the number of days that each site served breakfasts during the claiming month.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	SBSEVERE	04/01/2017	84	0	20	100	0	0	0	0	550
540735	40	SBSEVERE	04/01/2017	20	10	20	100	0	350	100	500	0
540735	210	SBSEVERE	04/01/2017	74	0	20	100	0	0	0	0	500

12. **Enrollment** - Enter the number of enrolled students who had access to the Severe Need Breakfast Program at the site during the claiming month. "Enrolled" children are those who have been formally approved to attend your school. Do not include half-day kindergarten and pre-kindergarten students if they do not have access to the breakfast program.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	SBSEVERE	04/01/2017	84	0	20	100	0	0	0	0	550
540735	40	SBSEVERE	04/01/2017	20	10	20	100	0	350	100	500	0
540735	210	SBSEVERE	04/01/2017	74	0	20	100	0	0	0	0	500

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- 13. Free Student Meals** - Enter the number of severe need breakfasts served to students approved for free meals at each **NON-CEP** site during the claiming month. *Since site 40 is the only non-CEP site, only the free severe need breakfasts served at that site are entered in this column.*

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	SBSEVERE	04/01/2017	84	0	20	100	0	0	0	0	550
540735	40	SBSEVERE	04/01/2017	20	10	20	100	0	350	100	500	0
540735	210	SBSEVERE	04/01/2017	74	0	20	100	0	0	0	0	500

- 14. Reduced Price Student Meals** - Enter the number of severe need breakfasts served to students approved for reduced price meals at the site during the claiming month. *Since site 40 is the only non-CEP site, only the reduced severe need breakfasts served at that site are entered in this column.*

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	SBSEVERE	04/01/2017	84	0	20	100	0	0	0	0	550
540735	40	SBSEVERE	04/01/2017	20	10	20	100	0	350	100	500	0
540735	210	SBSEVERE	04/01/2017	74	0	20	100	0	0	0	0	500

- 15. Paid Student Meals** - Enter the total number of severe need breakfasts served to paid students at each **NON-CEP** site during the claiming month. *Since site 40 is the only non-CEP site, only the paid severe need breakfasts served at that site are entered in this column.*

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	SBSEVERE	04/01/2017	84	0	20	100	0	0	0	0	550
540735	40	SBSEVERE	04/01/2017	20	10	20	100	0	350	100	500	0
540735	210	SBSEVERE	04/01/2017	74	0	20	100	0	0	0	0	500

- 16. Total CEP Meals** – Enter the total number of severe need breakfasts served to students at each CEP site. ***The Free and Paid claiming percentages approved within the agency's online contract will auto-calculate the number of free and paid breakfasts to claim.***

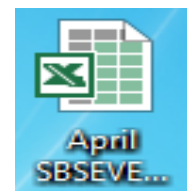
Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	SBSEVERE	04/01/2017	84	0	20	100	0	0	0	0	550
540735	40	SBSEVERE	04/01/2017	20	10	20	100	0	350	100	500	0
540735	210	SBSEVERE	04/01/2017	74	0	20	100	0	0	0	0	500

- 17. Delete the top row of headings.**

Delete headings

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
540735	20	SBSEVERE	04/01/2017	84	0	20	100	0	0	0	0	550
540735	40	SBSEVERE	04/01/2017	20	10	20	100	0	350	100	500	0
540735	210	SBSEVERE	04/01/2017	74	0	20	100	0	0	0	0	500

- 18. "Save"** the electronic excel file to your computer and label it with the claim type and month of claim. We strongly recommend you create and name a folder just for all your saved monthly claims.



19. Click on **BROWSE** and choose the file that you just saved to your computer and click **UPLOAD** to upload the excel file into the on-line claiming portal.

**School Breakfast Program (SBP)  
Upload Site(s) Claim Information**


**Breakfast Type: Severe Need School Breakfast (SBSEVERE)**

Date Claim Month April Year 2017

**[Upload Site(s) Claim Information]**

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

**Selected File :** C:\Users\wollidk\Desktop\April SBSEVEREClaimSiteUpd Browse...

 **UPLOAD**



Please download the [Template File](#) to enter claim data and upload above.

20. Make sure all sites are listed on the claim and there are no error messages, then click **NEXT**.

**Breakfast Type: Severe Need School Breakfast (SBSEVERE)**

**List of uploaded Claim Site(s)**

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	Free Student Meals	Reduced Student Meals	Paid Student Meals	Approved Site(s)
540735	20	SBSEVERE	04/01/2017	84	0	20	100	0	0	0	✓
540735	40	SBSEVERE	04/01/2017	20	10	20	100	350	100	500	✓
540735	210	SBSEVERE	04/01/2017	74	0	20	100	0	0	0	✓

 **BACK**
 **NEXT**

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21. This screen shows total severe need breakfasts that you are claiming by category for each site. In this example, **CEP sites 20 and 210 have auto-calculated the number of free and paid severe need breakfasts to claim based on the site's free and paid claiming percentages multiplied by the total CEP breakfasts served at that site. There should not be reduced severe need breakfasts claimed for the CEP sites.** Make sure totals are correct and click **NEXT**.

**Breakfast Type: Severe Need School Breakfast (SBSEVERE)**



**Date Claim :04/01/2017**

**List of Verified Claim Site(s)**



School Code	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	Free Student Meals (1)	Reduced Student Meals (2)	Paid Student Meals (3)	CEP Free % (4)	CEP Paid % (5)	Total CEP Meals (6)	Total Student Meals (1+2+3)
20	84	0	20	100	461	0	89	83.9	16.1	550	550
40	20	10	20	100	350	100	500	0.0	0.0	0	950
210	74	0	20	100	370	0	130	74.0	26.0	500	500

**Note :**

(1) Food Free is calculated based on the percentage for CEP school.  
 (2) Food Reduced Price shown are from the file uploaded.  
 (3) Food Paid is calculated based on the percentage for CEP school.  
 (4) Approved CEP free percentage from Contract for CEP school.  
 (5) Approved CEP Paid Percentage from Contract for CEP school.  
 (6) Total CEP meals shown are from the file uploaded.

22. This page will auto-populate. Check the information on the claim, enter your **CERTIFICATION** information, and click **SUBMIT** to submit claim.

Breakfast Type:	Severe Need School Breakfast (SBSEVERE)		
Claim Date:	2017-04-01	[YYYY-MM-DD] *Claim Cannot be more than 60 days old	
No. Students Approved For Free:	178	*Do NOT use commas while entering numbers.	
No. Students Approved Reduced-Price:	10		
No. of Schools/Sites Participating:	3	Of these sites, how many are CEP sites?	2 [Enter Zero, if N/A]
Total No. of Days Operating:	20		
Enrollment:	300		
Free Student Meals:	1181	Of this total, how many Free meals were served at CEP sites only?	831 [Enter Zero, if N/A]
Reduced Student Meals:	100		
Paid Student Meals:	719	Of this total, how many Paid meals were served at CEP sites only?	219 [Enter Zero, if N/A]
Total Student Meals:	2000		
<b>[CERTIFICATION]</b>			
<p><b>I HEREBY CERTIFY</b> to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.</p>			
First Name		Last Name	
Phone Number		Extension	
			

## View-Print a SB Program Claim

1. Select *View-Print Claim* to view and/or print a claim. A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed.



2. Select the Breakfast type (Regular School Breakfast or Severe Need School Breakfast) from the drop down box. Select the date claim month and year from the drop-down list box and click the “**SEARCH**” button. If a claim is found for the given criteria, it will appear in the box below the *Claim Type*. Click the hyperlink to view the full claim information.

The screenshot shows the School Breakfast Program (SBP) search interface. The 'Select Breakfast Type' dropdown is set to 'Severe Need School Breakfast (SBSEVERE)'. The 'Date Claim Month' is set to 'April' and the 'Year' is set to '2017'. The 'SEARCH' button is circled in red. Below the search criteria, there is a table with the following data:

Claim Type	Date Submitted
New (Unpaid)	05/16/2017

3. A list of all individual school site’s claiming information will appear at the bottom of the claim, so you can do a final check of the submitted information. Because this claim is “New (Unpaid)” it has not been processed for payment, it may be modified by the SFA.

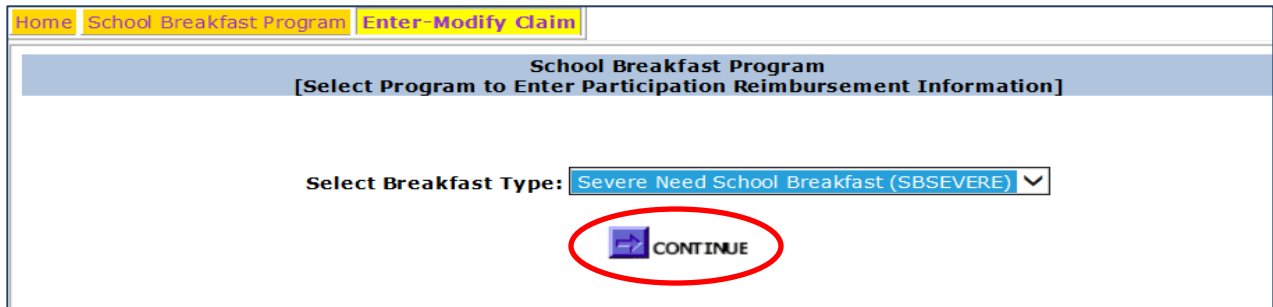
Date Claim: 04/01/2017										
Breakfast Type: Severe Need School Breakfast (SBSEVERE)										
Participation Information		# of Students/Meals (Include CEP # )	CEP Sites/Meals (Out of Total # of Sites/Meals)		Payment Information			Amount		
No. Students Approved For Free:		178			Total Meal Reimbursement			\$2,791.75		
No. Students Approved Reduced-Price:		10			Voucher No.:			19773		
No. of Schools/Sites Participating:		3	2		Date Submitted:			05/31/2017		
Total No. of Days Operating:		20			Date Processed:					
Enrollment:		300			Date Paid:					
Free Student Meals:		1,181	831		Claim Status			New (Unpaid)		
Reduced Student Meals:		100								
Paid Student Meals:		719								
Total Student Meals:		2,000								
List of Verified Claim Site(s)										
School Code	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	Free Student Meals	Paid Student Meals	Reduced Student Meals	CEP Free % (4)	CEP Paid % (5)	Total CEP Meals
20	84	0	20	100	461	89	0	83.9	16.1	550
40	20	10	20	100	350	500	100	0.0	0.0	0
210	74	0	20	100	370	130	0	74.0	26.0	500



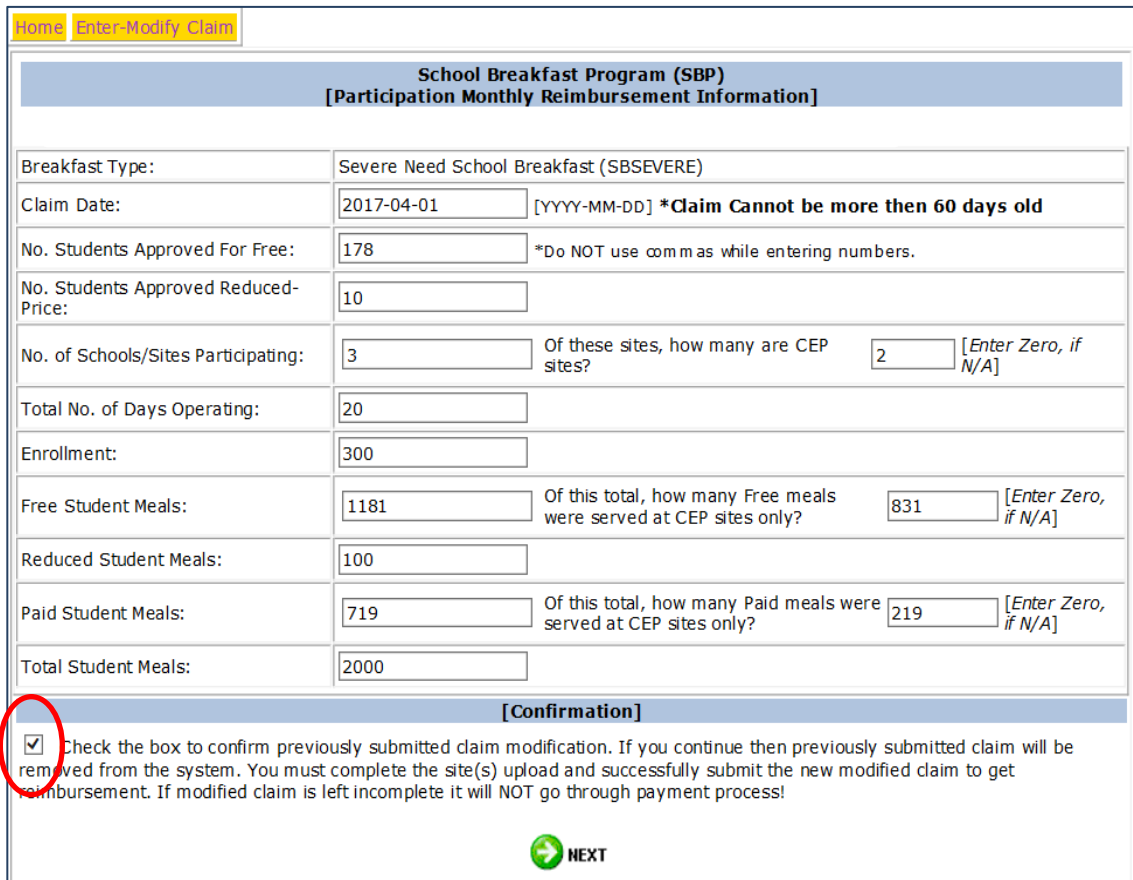
## Modifying a SB/Severe Need SB Unprocessed Claim


1. Open the saved excel file on your computer that you want to modify and make the changes needed. "Save" the excel file again to your Monthly Claim folder.
2. In Online Services, select *Enter-Modify Claim* from the menu to modify an **unpaid and unprocessed** claim for breakfast reimbursement, and select the breakfast type for which you are claiming from the drop-down box, then click continue.

If your claim is in "Paid" status, the claim CANNOT be modified online. You must submit an "Amendment" via fax or email a scan of the changes to the attention of Jacqueline Jordée, fax 608-267-9207; email [Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov).



3. The unpaid submitted claim will appear. If wish to modify the claim, check the box in the lower left-hand corner. If you check this box and click **NEXT**, the previously submitted claim will be removed from the system, and it will take you back to the claim site upload.



School Breakfast Program (SBP) [Participation Monthly Reimbursement Information]			
Breakfast Type:	Severe Need School Breakfast (SBSEVERE)		
Claim Date:	2017-04-01	[YYYY-MM-DD] *Claim Cannot be more than 60 days old	
No. Students Approved For Free:	178	*Do NOT use commas while entering numbers.	
No. Students Approved Reduced-Price:	10		
No. of Schools/Sites Participating:	3	Of these sites, how many are CEP sites?	2 [Enter Zero, if N/A]
Total No. of Days Operating:	20		
Enrollment:	300		
Free Student Meals:	1181	Of this total, how many Free meals were served at CEP sites only?	831 [Enter Zero, if N/A]
Reduced Student Meals:	100		
Paid Student Meals:	719	Of this total, how many Paid meals were served at CEP sites only?	219 [Enter Zero, if N/A]
Total Student Meals:	2000		
<b>[Confirmation]</b>			
<input checked="" type="checkbox"/> Check the box to confirm previously submitted claim modification. If you continue then previously submitted claim will be removed from the system. You must complete the site(s) upload and successfully submit the new modified claim to get reimbursement. If modified claim is left incomplete it will NOT go through payment process!			
			

4. Upload the excel spreadsheet from your computer with the corrected numbers.

School Breakfast Program (SBP)  
Upload Site(s) Claim Information


Breakfast Type: Severe Need School Breakfast (SBSEVERE)

Date Claim Month  Year

[Upload Site(s) Claim Information]

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File :

 **UPLOAD**

Please download the [Template File](#) to enter claim data and upload above.

## Afterschool Snack Program

The “**Snacks (SK\_NSL)**” is for sites that are not “area eligible” and snacks are claimed for reimbursement based on individual student eligibility.

The “**Snacks-Area Eligible (SK- NSLAE)**” is for sites that are “area eligible”, and all snacks are claimed for free reimbursement regardless of each individual participant’s eligibility for free or reduced price meals.

An Afterschool Snack Program site qualifies as area eligible, if 50 percent or more of its enrollment are eligible for free or reduced price meals or if it is located in the attendance area of a school which has at least 50 percent of its enrollment eligible for free or reduced price meals.

CEP sites are area eligible if the *individual* site Identified Student Percentage (ISP) X **1.6** is equal to or greater than 50 percent. Thus, a CEP school is area eligible if a school’s individual ISP is at least 31.50 percent (e.g., individual school ISP of 31.50% x 1.6 = 50.4%), or the school is located in the attendance area of another school that is area eligible.

If a CEP school **does not** qualify as area eligible (e.g., individual school ISP of 30.000% x 1.6 = 48.0%), they use the same **group** claiming percentage (free and paid) that they use to claim meals under the NSLP and SBP. They would not have individual meal eligibilities to claim with. If you have some school snack sites that are area eligible and some that are not, the school must file two separate claims, entering participation information on the appropriate screen.

## Entering an Afterschool Snack Program Claim (not area eligible)

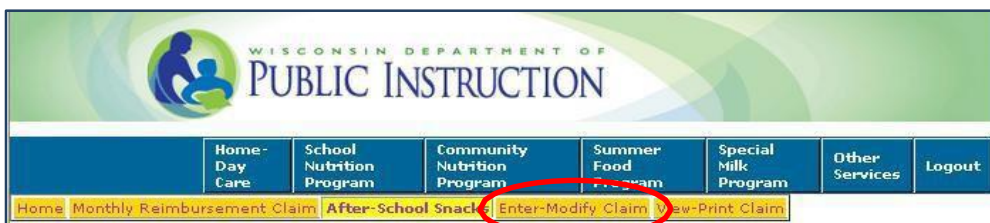
1. Once you have logged into Online Services, select *School Nutrition Program* from the menu bar. Then select *Monthly Reimbursement Claim*.



2. Select **Afterschool Snacks** - If your SFA has schools that are in Afterschool Snacks and Afterschool Snacks Area Eligible, you will need to enter two claims, one for Afterschool Snacks and one for Area Eligible Afterschool Snacks. First, we will submit a regular Afterschool Snack claim.



3. Select *Enter-Modify Claim* to enter a new claim for reimbursement.



4. Select the month for which you are **claiming** and the **correct year** from the drop-down box. Then click on “**Template File**.”

A screenshot of the 'After School Snacks Program (SK\_NSL) Upload Site(s) Claim Information' form. The form has a blue header with the program name. Below the header is a section for 'Date Claim Month' and 'Year' with drop-down menus. Below that is a section for 'Upload Site(s) Claim Information' with a 'Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information' instruction. Below that is a 'Selected File' field with a 'Browse...' button. At the bottom, there is an 'UPLOAD' button and a message: 'Please download the Template File to enter claim data and upload above.' The 'Template File' link is circled in red.

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5. An excel spreadsheet will appear with all Afterschool Snack sites (not area eligible) in your agency listed by school code. (School codes are found on Schedule A of SFA's on-line contract.)

**Note:** Enrollment and Total CEP Meals are "0" as we do not collect this information for Afterschool Snack claims

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	0	0	0	0	0	0	0	0	0
206216	110	SK_NSL	04/01/2017	0	0	0	0	0	0	0	0	0

6. **Student Approved Free** - Enter the highest number of students who are **approved for free** meals during the claiming month at each site, based on approved free and reduced price applications on file and/or through direct certification.

For CEP sites (not area eligible), **Student Approved Free** is calculated by multiplying the site's free claiming percentage by the site's enrollment.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

7. **Student Approved Reduced** - Enter the highest daily number of students who are **approved for reduced** price meals for each site during the claiming month, based on approved applications on file. (CEP sites do not have reduced eligible students.)

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

8. **Days Operating** - Enter the number of days the site served snacks during claiming month.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

9. **ADA (average daily attendance)** - Enter the average daily attendance (ADA) for afterschool snack for the claiming month at the school. These boxes are for the number of students **attending** the afterschool snack schools, **not** the number of students eating snacks.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

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10. **Free Student Meals** - Enter the number of afterschool snacks served to students approved for free meals at the site during the claiming month.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

11. **Reduced Price Student Meals** - Enter the number of afterschool snacks served to students approved for reduced price meals at the site during the claiming month.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

12. **Paid Student Meals** - Enter the number of afterschool snacks served to paid students at the site during the claiming month.

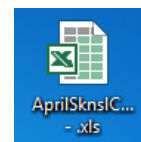
Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

13. Delete the top row of headings.

Delete headings

206216	160	SK_NSL	04/01/2017	50	10	18	0	100	500	100	400	0
206216	110	SK_NSL	04/01/2017	25	5	18	0	50	250	50	200	0

14. "Save" the electronic excel file with deleted headings to your computer and label it with the claim type and month of claim. We strongly recommend you create and name a folder just for all your saved monthly claims.



15. Click on **BROWSE** and choose the file that you just saved to your computer and click **UPLOAD** to upload the excel file into the online claiming portal.

**After School Snacks Program (SK\_NSL)**  
**Upload Site(s) Claim Information**

Date Claim Month  Year

**[Upload Site(s) Claim Information]**

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

Selected File : C:\Users\wollidk\Desktop\AprilSknsIClaimSiteUploadFile



**UPLOAD**

Please download the [Template File](#) to enter claim data and upload above.

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16. Make sure all of your non-area eligible sites are listed on the claim and no error messages, then click **NEXT**.

After School Snacks Program (SK_NSL) Uploaded Site(s) Claim Information											
List of uploaded Claim Site(s)											
Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Approved Site(s)
206216	160	SK_NSL	04/01/2017	50	10	18	100	500	100	400	✓
206216	110	SK_NSL	04/01/2017	25	5	18	50	250	50	200	✓



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  NEXT

17. This screen shows the total afterschool snacks that you are claiming by category for each site.

After School Snacks Program (SK_NSL) Verified Site(s) Claim Information								
Date Claim :04/01/2017 List of Verified Claim Site(s)								
School Code	Student Approved Free	Student Approved Reduced	Days Operating	ADA	Free Student Meals (1)	Reduced Student Meals (2)	Paid Student Meals (3)	Total Student Meals (1+2+3)
110	25	5	18	50	250	50	200	500
160	50	10	18	100	500	100	400	1000

**Note :**



(1) Free Student Meals is calculated based on the percentage for CEP school.  
 (2) Reduced Student Meals shown are from the file uploaded.  
 (3) Paid Student Meals is calculated based on the percentage for CEP school.  
 (4) CEP Free approved Percentage from Contract for CEP school.  
 (5) CEP Paid approved Percentage from Contract for CEP school.  
 (6) Total CEP meals shown are from the file uploaded.

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  NEXT



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- This page will auto-populate. Check the claim information, enter your **CERTIFICATION** information, and click **SUBMIT** to submit the claim.


Home Enter-Modify Claim		
<b>After School Snacks Program (SK_NSL)</b> [Participation Monthly Reimbursement Information]		
Claim Date:	2017-04-01	[YYYY-MM-DD] *Claim Cannot be more then 60 days old
No. Students Approved For Free:	75	*Do NOT use commas while entering numbers.
No. Students Approved Reduced-Price:	15	
No. of Schools/Sites Participating:	2	
Total No. of Days Operating:	18	
Average Daily Attendance(ADA):	150	
Free Student Meals:	750	
Reduced Student Meals:	150	
Paid Student Meals:	600	
Total Student Meals:	1500	
<b>[CERTIFICATION]</b>		
<p><b>I HEREBY CERTIFY</b> to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.</p>		
First Name		Last Name
Phone Number		Extension
		

### View-Print an Afterschool Snack Program Claim

- Select *View-Print Claim* to view and/or print a claim. A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed.


Home	Monthly Reimbursement Claim	After-School Snacks	Enter-Modify Claim	View-Print Claim
<div> <div>Home-Day Care</div> <div>School Nutrition Programs</div> <div>Community Nutrition Program</div> <div>Summer Food Program</div> <div>Special Milk Program</div> </div>				

- Select date claim month and year from the drop-down list box and click “**SEARCH**” button. If a claim is found for the given criteria, it will appear in the box below the *Claim Type*. Click the hyperlink to view the full claim information.

After School Program (SK_NSL)	
[View Participation Monthly Reimbursement Information]	
Date Claim Month	April
Year	2017
	
[Click Claim Type Link below to View Complete Claim Information]	
Claim Type	Date Submitted
New (Unpaid)	05/12/2017

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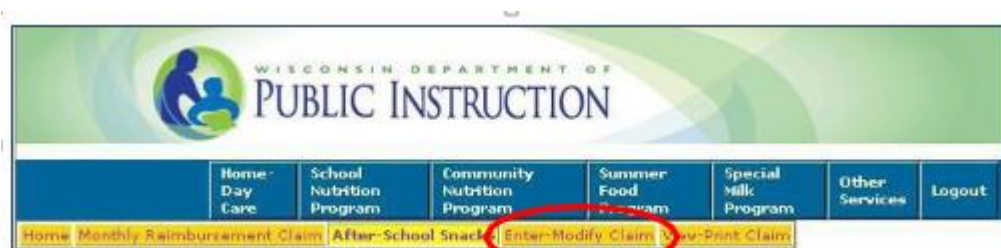
- A list of all of the individual school site's claiming information will appear at the bottom of the claim, so you can do a final check of the submitted information. Because this claim is "New (Unpaid)" which means it has not been processed for payment, it may be modified by the SFA.

After School Snack Program (SK_NSL) [View-Participation Monthly Reimbursement Information]							
<b>Participation Information</b>		<b># of Students/Meals</b>		<b>Payment Information</b>		<b>Amount</b>	
No. Students Approved For Free:		75		<b>Total Meal Reimbursement</b>		<b>\$751.50</b>	
No. Students Approved Reduced-Price:		15		Voucher No.:		19773	
No. of Schools/Sites Participating:		2		Date Submitted:		06/12/2017	
Total No. of Days Operating:		18		Date Processed:			
Average Daily Attendance(ADA):		150		Date Paid:			
Free Student Meals:		750		<b>Claim Status</b>		<b>New (Unpaid)</b>	
Reduced Student Meals:		150					
Paid Student Meals:		600					
Total Student Meals:		1,500					
<b>List of Verified Claim Site(s)</b>							
<b>School Code</b>	<b>Student Approved Free</b>	<b>Student Approved Reduced</b>	<b>Days Operating</b>	<b>ADA</b>	<b>Free Student Meals</b>	<b>Reduced Student Meals</b>	<b>Paid Student Meals</b>
110	25	5	18	50	250	50	200
160	50	10	18	100	500	100	400
<b>[CERTIFICATION]</b>							
<p><b>I HEREBY CERTIFY</b> to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.</p> <p>Preparer Name and Telephone No.: Deb Wollin (608) 267-3724</p>							
 <b>BACK</b>							

### Modifying an Afterschool Snack Unprocessed Claim


- Open the saved excel file on your computer that you want to modify and make the changes needed. "Save" the excel file again to your Monthly Claim folder.
- In Online Services, select *Modify Claim* from the menu to modify an **unpaid and unprocessed** Afterschool Snack claim for reimbursement.

If your claim is in "Paid" status, the claim CANNOT be modified online. You must submit an "Amendment" via fax or email a scan of the changes to the attention of Jacqueline Jordee, fax 608-267-9207; email [Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov).




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3. The unpaid submitted claim will appear. If you wish to modify the claim, check the box in the lower left-hand corner. If you check this box and click **NEXT**, the previously submitted claim will be removed from the system, and it will take you back to the claim site upload.

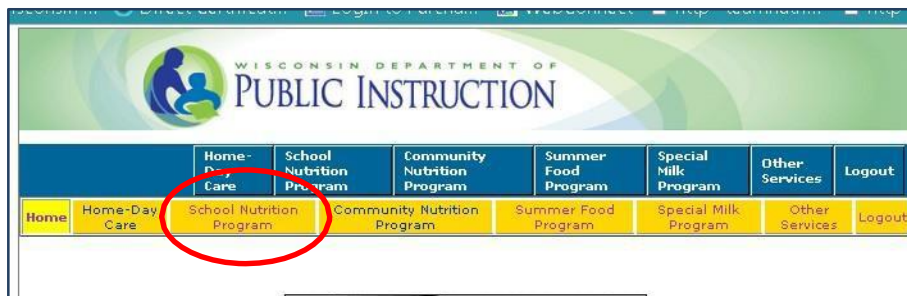
After School Snacks Program (SK_NSL) [Participation Monthly Reimbursement Information]		
Claim Date:	<input type="text" value="2017-04-01"/>	[YYYY-MM-DD] *Claim Cannot be more then 60 days old
No. Students Approved For Free:	<input type="text" value="75"/>	*Do NOT use comm as while entering numbers.
No. Students Approved Reduced-Price:	<input type="text" value="15"/>	
No. of Schools/Sites Participating:	<input type="text" value="2"/>	
Total No. of Days Operating:	<input type="text" value="18"/>	
Average Daily Attendance(ADA):	<input type="text" value="150"/>	
Free Student Meals:	<input type="text" value="750"/>	
Reduced Student Meals:	<input type="text" value="150"/>	
Paid Student Meals:	<input type="text" value="600"/>	
Total Student Meals:	<input type="text" value="1500"/>	
<b>[Confirmation]</b>		
<input checked="" type="checkbox"/> Check the box to confirm previously submitted claim modification. If you continue then previously submitted claim will be removed from the system. You must complete the site(s) upload and successfully submit the new modified claim to get reimbursement. If modified claim is left incomplete it will NOT go through payment process!		
 <b>NEXT</b>		

4. Upload the excel spreadsheet from your computer with the corrected numbers.

After School Snacks Program (SK_NSL) Upload Site(s) Claim Information	
Date Claim Month	<input type="text" value="April"/> <input type="button" value="v"/>
Year	<input type="text" value="2017"/> <input type="button" value="v"/>
<b>[Upload Site(s) Claim Information]</b>	
Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information	
Selected File :	<input type="text"/> <input type="button" value="Browse..."/>
 <b>UPLOAD</b>	
Please download the <a href="#">Template File</a> to enter claim data and upload above.	

## Entering an Area Eligible Afterschool Snack Program Claim

1. Once you have logged into Online Services, select *School Nutrition Program* from the menu bar. Then select *Monthly Reimbursement Claim*.



2. Select **Afterschool Snacks Area Eligible** - If your SFA has schools that are in Afterschool Snacks and Afterschool Snacks Area Eligible, you will need to enter two claims, one for Afterschool Snacks and one for Area Eligible Afterschool Snacks.



3. Select *Enter-Modify Claim* to enter a new claim for reimbursement.



4. Select the month for which you are **claiming** and the **correct year** from the drop-down box. Then click on “**Template File**.”


**After School Snacks Program Area Eligible Program(SK\_NSLAE)**  
**Upload Site(s) Claim Information**

Date Claim Month  Year

**[Upload Site(s) Claim Information]**

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

**Selected File :**

 **UPLOAD**

Please download the **Template File** to enter claim data and upload above.

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5. An excel spreadsheet will appear with all Afterschool Snack Area Eligible sites in your agency listed by school code. (School codes are found on Schedule A of SFA's online contract.) Student Approved Free, Student Approved Reduced, Enrollment, Reduced Student Meals, Paid Student Meals, and Total CEP Meals are "0", as we do not collect this information for Afterschool Snack Area Eligible claims because all meals served are free at area eligible sites.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
564753	160	SK_NSLAE	05/01/2017	0	0	0	0	0	0	0	0	0

6. **Days Operating** - Enter number of days the site served snacks during claiming month.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
564753	160	SK_NSLAE	05/01/2017	0	0	20	45	900	0	0	0	0

7. **ADA (average daily attendance)** - Enter the average daily attendance (ADA) for afterschool snack area eligible for the claiming month at the school. These boxes are for the number of students **attending** the *afterschool snack schools*, **not** the number of students eating snacks.

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
564753	160	SK_NSLAE	05/01/2017	0	0	20	45	900	0	0	0	0

8. **Free Student Meals** - Enter the number of afterschool snacks area eligible served to students approved for free meals at the site during the claiming month. (This will be all of the snacks served at this site as all snacks served at area eligible sites are free.)

Agency Code	School Code	Program	Date Claim	Student Approved Free	Student Approved Reduced	Days Operating	Enrollment	ADA	Free Student Meals	Reduced Student Meals	Paid Student Meals	Total CEP Meals
564753	160	SK_NSLAE	05/01/2017	0	0	20	45	900	0	0	0	0

9. Delete the top row of headings.

Delete headings

564753	160	SK_NSLAE	05/01/2017	0	0	20	0	45	900	0	0	0
--------	-----	----------	------------	---	---	----	---	----	-----	---	---	---

10. "Save" the electronic excel file with deleted headings to your computer and label it with the claim type and month of claim. We strongly recommend you create and name a folder just for all your saved monthly claims.



11. Click on **BROWSE** and choose the file that you just saved to your computer and click **UPLOAD** to upload the excel file into the on-line claiming portal.


**After School Snacks Program Area Eligible Program (SK\_NSLAE)  
Upload Site(s) Claim Information**

Date Claim Month May Year 2017

**[Upload Site(s) Claim Information]**

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

**Selected File :** C:\Users\wollidk\Desktop\May of SknslaeClaimSiteUplo Browse...

 **UPLOAD**

Please download the [Template File](#) to enter claim data and upload above.

12. Make sure all of your afterschool snack area eligible sites are listed on the claim and no error messages, then click **NEXT**.

**After School Snacks Program (SK\_NSL)  
Uploaded Site(s) Claim Information**

List of uploaded Claim Site(s)

Agency Code	School Code	Program	Date Claim	Days Operating	ADA	Free Student Meals	Approved Site(s)
564753	160	SK_NSLAE	05/01/2017	20	45	900	✓

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→ NEXT

13. This screen shows the total afterschool snacks area eligible that you are claiming for each site.

**After School Snacks Program (SK\_NSL)  
Verified Site(s) Claim Information**

Date Claim :05/01/2017  
List of Verified Claim Site(s)

School Code	Days Operating	ADA	Free Student Meals (1)
160	20	45	900

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→ NEXT



- This page will auto-populate. Check claim information, enter CERTIFICATION information, and click **SUBMIT** to submit the claim.

Home Enter-Modify Claim

**After School Snacks Area Eligible Program (SK\_NSLAE)**  
[Participation Monthly Reimbursement Information]



Claim Date:	2017-05-01	[YYYY-MM-DD] *Claim Cannot be more than 60 days old
No. of Schools/Sites Participating:	1	
Total No. of Days Operating:	20	
Average Daily Attendance(ADA):	45	
Free Student Meals:	900	

**[CERTIFICATION]**

**I HEREBY CERTIFY** to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.

First Name  Last Name

Phone Number    Extension

## View-Print an Area Eligible Afterschool Snack Program Claim


- Select *View-Print* to view and/or print a claim. A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed.

	Home-Day Care	School Nutrition Programs	Community Nutrition Program	Summer Food Program	Special Milk Program	Other Services
Home	Monthly Reimbursement Claim	After-School Snacks Area Eligible	Enter-Modify Claim	View-Print Claim		

- Select date claim month and year from the drop-down list box and click “**SEARCH**” button. If a claim is found for the given criteria, it will appear in the box below the *Claim Type*. Click the hyperlink to view the full claim information.

Home After-School Snacks Area Eligible View-Print Claim

**After School Program (SK\_NSLAE)**  
[View Participation Monthly Reimbursement Information]


Date Claim Month  Year  

[Click Claim Type Link below to View Complete Claim Information]

<b>Claim Type</b>	<b>Date Submitted</b>
<a href="#">New (Unpaid)</a>	07/10/2017

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- A list of all of the individual school site's claiming information will appear at the bottom of the claim, so you can do a final check of the submitted information. Because this claim is "New (Unpaid)" which means it has not been processed for payment, it may be modified by the SFA.

Date Claim: 05/01/2017			
<b>Participation Information</b>	<b># of Students/Meals</b>	<b>Payment Information</b>	<b>Amount</b>
No. of Schools/Sites Participating:	1	<b>Total Meal Reimbursement</b>	<b>\$774.00</b>
Total No. of Days Operating:	20	Voucher No.:	19774
Average Daily Attendance(ADA):	45	Date Submitted:	07/10/2017
Free Student Meals:	900	Date Processed:	
		Date Paid:	
		<b>Claim Status</b>	<b>New (Unpaid)</b>
<b>List of Verified Claim Site(s)</b>			
<b>School Code</b>	<b>Days Operating</b>	<b>ADA</b>	<b>Free Student Meals</b>
160	20	45	900
<b>[CERTIFICATION]</b>			
<p><b>I HEREBY CERTIFY</b> to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.</p> <p>Preparer Name and Telephone No.: d d (222) 222-2222</p>			
 <b>BACK</b>			

### Modifying an Afterschool Snack Area Eligible Unprocessed Claim

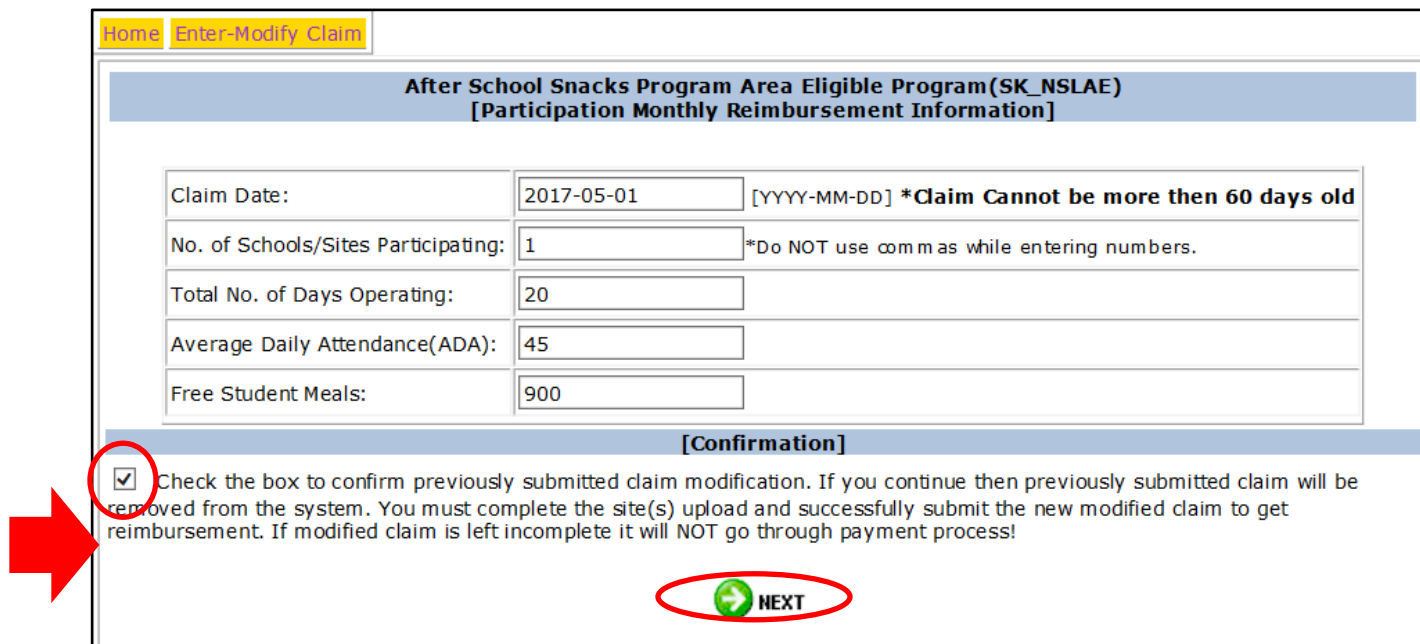
- Open the saved excel file on your computer that you want to modify and make the changes needed. "Save" the excel file again to your Monthly Claim folder.
- In Online Services, select *Modify Claim* from the menu to modify an **unpaid and unprocessed** Afterschool Snack claim for reimbursement.

If your claim is in "Paid" status, the claim CANNOT be modified online. You must submit an "Amendment" via fax or email a scan of the changes to the attention of Jacqueline Jordee, fax 608-267-9207; email [Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov).

	Home- Day Care	School Nutrition Programs	Community Nutrition Program	Summer Food Program	Special Milk Program	Other Services
Home	Monthly Reimbursement Claim	After-School Snacks Area Eligible	Enter-Modify Claim	View-Print Claim		

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3. The unpaid submitted claim will appear. If you wish to modify the claim, check the box in the lower left-hand corner. If you check this box and click **NEXT**, the previously submitted claim will be removed from the system, and it will take you back to the claim site upload.




Home Enter-Modify Claim

**After School Snacks Program Area Eligible Program(SK\_NSLAE)**  
**[Participation Monthly Reimbursement Information]**

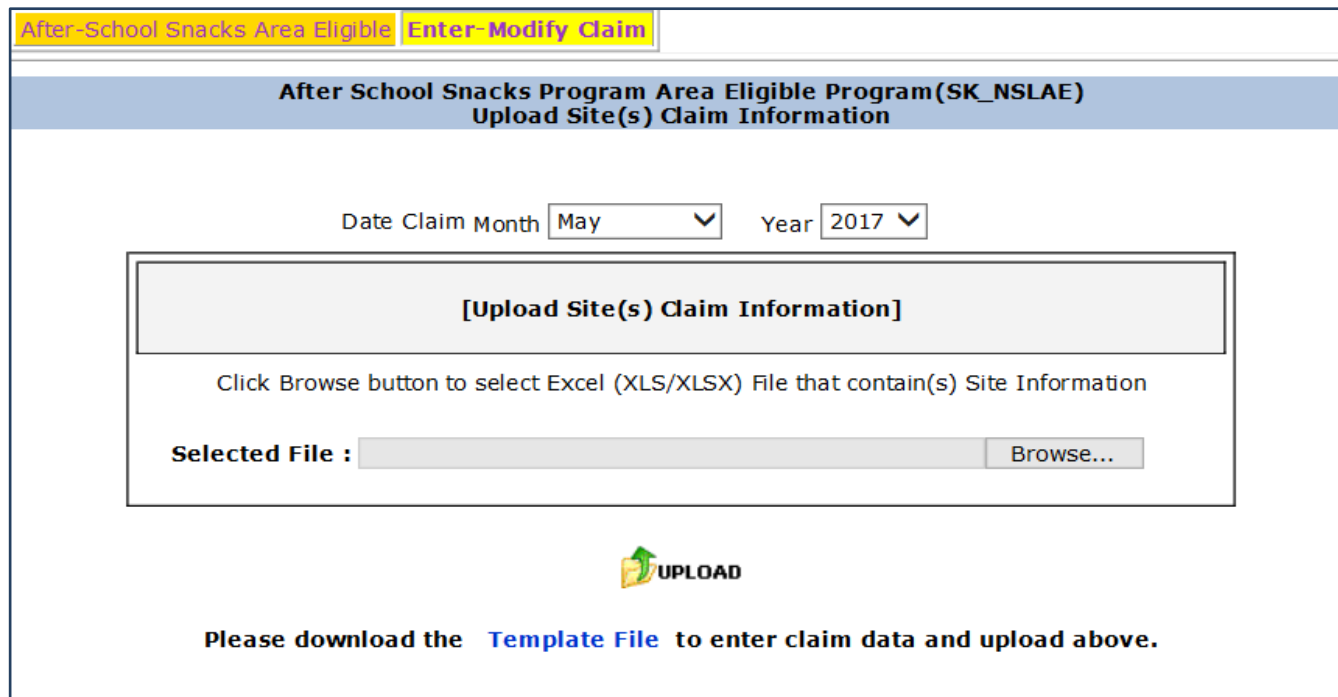
Claim Date:	2017-05-01	[YYYY-MM-DD] *Claim Cannot be more than 60 days old
No. of Schools/Sites Participating:	1	*Do NOT use commas while entering numbers.
Total No. of Days Operating:	20	
Average Daily Attendance(ADA):	45	
Free Student Meals:	900	

**[Confirmation]**

☒ Check the box to confirm previously submitted claim modification. If you continue then previously submitted claim will be removed from the system. You must complete the site(s) upload and successfully submit the new modified claim to get reimbursement. If modified claim is left incomplete it will NOT go through payment process!

 **NEXT**

4. Upload a new excel spreadsheet with the corrected numbers.



After-School Snacks Area Eligible Enter-Modify Claim


**After School Snacks Program Area Eligible Program(SK\_NSLAE)**  
**Upload Site(s) Claim Information**

Date Claim Month May Year 2017

**[Upload Site(s) Claim Information]**

Click Browse button to select Excel (XLS/XLSX) File that contain(s) Site Information

**Selected File :** Browse...

 **UPLOAD**

Please download the [Template File](#) to enter claim data and upload above.

## Frequently Asked Questions

### 1. Claims Due – When?

Claims are due within SIXTY CALENDAR DAYS of the last day of the claiming month.  
(Example: The September 2017 claim is due November 29, 2017)

### 2. Is There Any Time When I Cannot Enter a Claim?

Yes. 1) When the Payment Process Package for claims is running, you cannot access the “Enter Claims” part of Online Services. This process usually lasts only a short time and is typically done on Tuesday mornings with few exceptions. If this process is running, you will get an error message telling you to wait one hour, and then retry. 2) If you’ve already submitted a claim for a program that needs to be processed. Online Services only allows one unprocessed claim per each program in the system. Other than these exceptions, the “Enter Claims” area of the Online System is available anytime from anywhere. As long as our server is online (which it always should be), we will accept any claim data or requests for past claims information.

### 3. Claim Data and Errors

There are “edit-checks” on certain fields on the claim forms. These edit-checks will not allow certain data to be entered, e.g., total meals for month cannot exceed enrollment times days operating. If you think you have valid data and the Internet site will not accept it, please call Jacqueline Jordee at 608-267-9134. If necessary, a paper claim may need to be submitted.

### 4. Why or When Would I Modify a Claim?

If a previous claim’s data is incorrect, and it has NOT been paid, you can submit the data again with the correct data. Once the claim is paid, it CANNOT be modified online. You will need to submit a paper claim as an amendment by fax or email.

### 5. I can’t Get into Online Program to Enter Information

The Online System checks the agency code against our valid contract file. If you do not have a valid contract on file for the specific program you are trying to enter, you will not be able to access the screens. If you think you have a valid contract and still cannot get into the entry screen you desire, please call the School Nutrition Team at 608-267-9228.

## Contacts

Contact names and phone numbers on this page are for questions relating directly to the entering of claims or data in Online Services. Please direct your questions to the Primary Contact first, then to the Secondary Contact (only if the Primary Contact cannot be reached).

### PLEASE HAVE THE ANSWERS TO THE FOLLOWING 4 QUESTIONS AVAILABLE FOR THE CONTACT PERSON:

1. What is your agency code/agreement number?
2. What program are you entering a claim for? (Example: “NSLP”)
3. What screen are you looking at? (Example: “1<sup>st</sup> entry screen”, “Printing screen”, etc.)
4. What page in this manual are you looking at?

#### Primary Contact

608-267-9134

Jacqueline Jordee, Accountant

[Jacqueline.jordee@dpi.wi.gov](mailto:Jacqueline.jordee@dpi.wi.gov)

#### Secondary Contact

608-267-9228

School Nutrition Team Reception

[dpifns@dpi.wi.gov](mailto:dpifns@dpi.wi.gov)

## **APPENDIX A**

### ***REPORTING PRE-KINDERGARTENERS AND KINDERGARTENERS***

The following explains how to report kindergartners and pre-kindergartners on the edit check and the monthly reimbursement claim. As a general rule, if kindergartners or pre-kindergartners have access to the National School Lunch Program on a particular day, then for that day they are to be included in both the Enrollment and the Average Daily Attendance (ADA) figures. Below, we have identified three different kindergarten situations. Please read through these explanations and decide which situation applies to your school.

1. Kindergartners/pre-kindergartners who go either full days or half days daily, and who do eat lunch, **are to be included** in the Enrollment as well as the ADA figures.
2. Half-day kindergartners/pre-kindergartners, who do not eat lunch at school, **should not be included** in the Enrollment or the ADA figures.
1. Kindergartners/pre-kindergartners, who go full days but only several days a week, **should be included** in both the Enrollment and the ADA figures, **but only on those days when they are in school**. Below is an example of 25 kindergartners who attend full days on Monday, Wednesday, and Friday in an elementary school along with 275 other students.

<u>Date of Service</u>	<u>Days of Service</u>	<u>Enrollment</u>	<u>Daily Attendance</u>
Mon 10/5	1	300	285
Tues 10/6	2	275	265
Wed 10/7	3	300	286
Thu 10/8	4	275	264
Fri 10/9	5	300	287
Mon 10/12	6	300	288
Tues 10/13	7	275	262
Wed 10/14	8	300	283
Thurs 10/15	9	275	264
Fri 10/16	<u>10</u>	<u>300</u>	<u>284</u>
<b>Totals</b>	<b>10</b>	<b>2900</b>	<b>2768</b>

To determine the **Enrollment** for the month, you would divide the total enrollment by the number of days served. In this case, 2900 would be divided by 10 days, for a monthly enrollment of 290.

To determine the **Average Daily Attendance (ADA)** for the month, you would divide the total daily attendance for the month by the number of days served. In this case, 2768 would be divided by 10 days, for an ADA of 277.

If you have any questions concerning the reporting of pre-kindergartners/kindergartners in your school, please contact **School Nutrition Programs** at (608) 267-9228.

## Appendix B

### Required Edit Check for National School Lunch Program

U.S. Department of Agriculture (USDA) regulations require school agencies to complete an edit check for each of its schools that participate in the National School Lunch Program prior to consolidation of the daily lunch counts for the monthly reimbursement claim. The purpose of the edit check is to identify errors in the schools' lunch counts and/or problems with the meal counting and claiming procedures so that necessary corrections are made. The prototype daily participation/edit check form is provided by DPI. However, school agencies are not required to use this particular form but must perform an edit check after completing the calculations shown on the bottom of the form. Those school agencies with computerized meal counting systems or in process of purchasing such a system should ask vendors about the edit check feature.

#### USDA's Required Edit Check Procedures for Each School

- Obtain and record the highest number of students in each category.**
  - Obtain the highest number of students approved for free and for reduced price lunches.
  - Obtain the highest student enrollment in the schools submitting lunch participation data for the month. Exclude those students who do not have access to the lunch program (e.g., half-day kindergarten and/or pre-kindergarten students) when arriving at the enrollment figure to use in the edit check.
  - Subtract the number of students approved for free and reduced price meal benefits from the student enrollment to obtain the number of students for the paid category.**
- Compute the attendance factor.**
  - Divide the average daily attendance for students by the school enrollment to obtain the attendance factor. The attendance factor is percentage of students in attendance and is not the percentage of students participating in the school lunch program.

Note: The attendance factor must be calculated at least once each school year but may be computed each month.
- Calculate the "highest number of lunches expected for any day" by eligibility category.**
  - Multiply the highest number of students in each category by the attendance factor.
- Compare the "highest number of lunches expected for any day" to the daily counts recorded on the participation record for each of the eligibility categories.**
- Evaluate any daily lunch counts that exceed the "highest number of lunches expected".**
  - The school may find that students approved for the free or reduced price lunches attend at a higher daily rate than those students in the paid category.
  - Documentation such as daily attendance records or check-off rosters may be used to support daily counts that exceed the "highest number of lunches expected".
  - Scan the daily counts and evaluate any that appear unusual, such as transposed digits, counts reported in the wrong category or questionable patterns in daily counts.
- Correct any lunch count reporting errors that are discovered during the edit check before consolidating counts for the reimbursement claim.**

#### Example of a School's Required Edit Check

School's highest number of students approved for free meal benefits during the month: 15  
 School's highest number of students approved for reduced price benefits during the month: 8  
 School's highest daily enrollment for students with access to the lunch program: 239  
 School's highest number of students in the paid category:  $239 - 23 = 216$   
 School's average daily attendance: 230      School's attendance factor:  $230 \div 239 = .962$

	Highest # Of Students Approved in Month		Attendance Factor (average daily attendance ÷ school enrollment)		Highest # Of Lunches Expected for Any Serving Day
Free	<u>15</u>	X	<u>.962</u>	=	<u>14.4 or 15</u>
Reduced-Price	<u>8</u>	X	<u>.962</u>	=	<u>7.7 or 8</u>
Paid	<u>216</u>	X	<u>.962</u>	=	<u>207.8 or 208</u>

Although it is not required to complete an edit check incorporating an attendance factor, USDA regulations prohibit claiming for free and reduced price breakfasts in excess of the number of children approved for free and reduced price breakfasts.



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### Daily Participation Record/Edit Check

MONTH OF \_\_\_\_\_

SCHOOL \_\_\_\_\_

DAY OF SERVICE	Date	LUNCH			BREAKFAST <sup>1</sup>		
		FREE	REDUCED PRICE	PAID	FREE	REDUCED PRICE	PAID
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
<b>TOTALS</b>							

#### REQUIRED EDIT CHECK FOR SCHOOL LUNCH PROGRAM

	Highest # of Student Approved in Month		Attendance Factor (average daily attendance ÷ school enrollment)		Highest # of Lunches Expected for Any Serving Day
Free		X		=	
Reduced Price		X		=	
Paid		X		=	

Wisconsin Department of Public Instruction  
Online School Nutrition Program Claim Manual

**CEP MEAL COUNT EDIT FORM - Internal Control**

USDA regulations require school agencies to complete an edit check for each of its schools that participate in the National School Lunch Program prior to consolidation of the daily lunch counts for the monthly reimbursement claim. School agencies are not required to use this particular form but must perform an edit check after completing the calculations shown on the bottom of the form. <sup>1</sup>

Name of School:				Month and Year:	
Day	Number Reimbursable Breakfasts Served <sup>1</sup>	Number Non-Reimbursable Breakfasts Served <sup>2</sup>	Number Reimbursable Lunches Served	Number Non-Reimbursable Lunches Served <sup>2</sup>	Comment (if daily meal count exceeds the Attendance-Adjusted Enrollment below)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
<b>Total</b>	0	0	0	0	
Highest Daily Enrollment for This Month:		Attendance Factor		Attendance-Adjusted Enrollment 0	
<b>Compare Attendance-Adjusted Enrollment to Daily Meal Count</b>					
Free Claiming Percentage*		Paid Claiming Percentage*			
Number Breakfast meals to claim for Free*		0 (total breakfasts served x Free claiming percentage)			
Number Breakfast meals to claim for Paid*		0 (total breakfasts served x Paid claiming percentage)			
Number Lunch meals to claim for Free*		0 (total lunches served x Free claiming percentage)			
Number Lunch meals to claim for Paid*		0 (total lunches served x Paid claiming percentage)			
Total Non-Reimbursable Breakfasts and Lunches served		0			

295  
Highest Daily  
Enrollment



.915  
Attendance Factor



269.93 or 270  
Attendance- Adjusted  
Enrollment

270  
Attendance-Adjusted  
Enrollment

Compared to

Daily Meal Count

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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